

ACADEMIC ADVISOR RECOMMENDATION - OPTIONAL PRACTICAL TRAINING

| Student Name | | | |
|---|------------------|---|---|
| | Last | First | Middle |
| Banner ID | | Email | |
| Phone | | | |
| Program (Major/Degre | e Level) | | |
| Thesis/Doctoral Disse Students Only) | rtation Defense/ | Submission Date (antici | pated) (Graduate |
| • | | s completed all coursewor te. His/her degree is expe | k and/or is anticipated to defend a cted to be awarded on |
| (Degree Award/Com | mencement Date | - | |
| Date Student Wishes t days thereafter) | o Begin OPT | (any day | from graduation date up to 60 |
| Academic Advisor's N | ame & Title | | |
| Signature | | | Date |
| Phone | | Email | |
| Department | | | |
| Comments: | | | |
| | | | |
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